

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/030084 FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		①				
6		1				
7		①				
8		①				
9		①				
10		①				
11		①				
12			1			
13				1		
14				1		
15				1		
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50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		↓	10	↓		↓
TOTAL CLAIMS		↓	11	↓		↓

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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